State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	000102	A. BUILDING: _____ B. WING _____	C 03/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BHC FAIRFAX HOSPITAL	10200 NE 132ND ST KIRKLAND, WA 98034

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	INITIAL COMMENTS This Private Psychiatric Hospital investigation was completed in response to case/complaint # 54844/2015-550 by Lori Daisley, MBA, RN and Joan Pierce, MSN, RN on March 3, 2015. There was deficiency found per the State Private Hospital licensing rules, Chapter 246-322 WAC found pertinent to this complaint. Shell # T7P911	L 000		
L 420	322-040.1 ADMIN-ADOPT POLICIES WAC 246-322-040 Governing Body and Administration. The governing body shall: (1) Adopt written policies concerning the purposes, operation and maintenance of the hospital, and the safety, care and treatment of patients; This Washington Administrative Code is not met as evidenced by: Based on interview and record review the hospital failed to follow written policy and procedure for identifying, and investigating incidents to ensure patient safety: Patient #1 for leaving the hospital against medical advice (AMA). Patient #2 reported abuse during a skin assessment and subsequent reported allegation of unwanted sexual involvement. Failure to ensure hospital staff followed the hospital process for identifying Serious Events, conducting an investigation and implementing interventions in a timely manner placed all patients at risk of unidentified harm. Findings: The Hospital Policy and Procedure titled Incident Reporting: Healthcare Peer Review (HPR)	L 420		

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L 420	Continued From page 1 Occurrence Reporting System dated 8/1/11 included Purpose: A. To improve patient care, ensure safe healthcare facility practices through concurrent identification of serious injuries, conducting timely peer review, evaluation of patient care and intervention to reduce occurrences. The Policy and Procedure definition included Serious Injuries/Events: Sexual involvement and AMA (Against Medical Advice) discharges. Review of the medical record for Patient #1 stated the court system released the involuntary hold order on 1/20/15. The medical team assessed the patient as not stable for discharge and recommended the patient remain hospitalized in the voluntary program. The patient refused and decided to leave against medical advice. The facility's Medical Staff Rules & Regulations state "Should a patient leave the Facility against the advice of the attending Member, or without proper discharge, a notation of the incident shall be made in the patient's medical record. The patient should sign the appropriate release". This was not completed for patient #1. Interview on 3/3/15 with the Director of Nurse Services stated s/he was unaware of Patient #2 ' s reported allegation of sexual abuse during a skin assessment when staff examined her/his private areas. Interview on 3/3/2015 with the Risk Manager stated s/he was not informed of the reported allegation of abuse involving Patient #2. A search for investigation reports related to Patient #2 was unsuccessful. Interview on 3/3/2015 with the Registered Nurse, Unit Manager (RN #D) at the time of the incident stated s/he had no knowledge of the allegation. Review of Patient #2 ' s record revealed s/he was admitted to the hospital on 2/23/2015 for	L 420		

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L 420	Continued From page 2	L 420		

evaluation and treatment related to mental health disorder and self-inflicted injuries. On 2/24/2015 Patient #2 was placed in a room with Patient #3. Patient #3 had a known history of inappropriate sexual behaviors and assaults.
An entry in the Clinical Therapist Progress Note dated 2/24/2015 for Patient #2 indicated the hospital was aware of the alleged abuse related to the skin assessment and staff inappropriately examining the patient ' s orifices. Hospital staff confirmed no investigation report was initiated for this allegation of abuse.
Interview on 3/3/2015 with the Registered Nurse, Charge Nurse (RN #C) stated s/he was aware of a reported allegation which was communicated to a staff member by a written note. The handwritten note disclosed a second allegation of sexual involvement. RN #C was unsure of when this allegation about Patient #3 soliciting Patient #2 was reported but thought it was shortly after Patient #2 was admitted. RN #C stated s/he was unaware of investigations being initiated for the two reported allegations. A search for an investigation for this allegation was unsuccessful. The date this note was given to staff was unknown and was not available.
Interview with the Unit Manager, Registered Nurse (RN #E) stated s/he had been on vacation for two weeks and was not informed of the allegations since her return. Although the process to investigate was not initiated for the allegations, the Unit Manager was able to verbalize the hospital ' s investigation process. S/he was unaware of where to find the policy and procedures related to this process.
Interview with Licensed Staff, Nurse Managers revealed an investigation to rule out abuse was not initiated. Licensed staff were unable to consistently verbalize the complete hospital process for identifying incidents/events which

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L 420	Continued From page 3 required reporting, investigating and implement appropriate interventions in a timely manner.	L 420		